ALABAMA STATE TREASURER LINKED DEPOSIT PROGRAM – Emergency Borrower REQUEST APPLICATION

Fax to (334) 242-4242 or email to roman.mcleod@treasury.alabama.gov

1. Lending institution information:	
Bank Name:	City:
Loan Officer:	Phone:
Fax:Email:	Date:
Wiring Instructions:	
ABA: And/or Attention to:	for credit to account:
2. Borrower Information:	
Name:	City:
Address:	
Purpose of Loan:	
3. Deposit Requested: Amount:	Term: 2 years Rate: 1%
4. Loan Information: Amount: Rate (not to exceed 5%):	
	borrower, read the procedures for the Linked Deposity to the best of my knowledge, information and belief eligibility requirements of the program.
Signed:	Date:
Name and Title:	
FOR TREASURY USE:	
Approved Deposit Amount: Term (in months): 24 months Begin D Request received by:	Rate: 1% ate: End Date: Date:
Not Approved/Reason:	